

## CERTIFICATE OF SERVICE

CONTRACTOR <b>Firewel Co. Inc.</b> 3695 Broadway Buffalo 25, New York				TO: (Major Air Command) <b>SAC (DM8D)</b> Offutt AFB, Nebr			
CONTRACT AF 33(600) <b>39203</b>		EXHIBIT NO. <b>11</b>		DATE OF CERTIFICATE <b>31 July 1960</b>			
1. NAME OF CTSP (Last, First, and MI) [REDACTED]		2. AF UNIT <b>4080 SW(SAC)</b>		3. PERIOD OF CERT (Inclusive Dates) <b>1 - 31 July 1960</b>			
4. VACATION TIME (Inclusive Dates) None THRU <b>FOIAb3a</b>		5. SICK TIME (Inclusive Dates) None THRU		6. CONTRACT HOLIDAYS <b>1</b>		7. BILLABLE DAYS <b>30</b>	
8. AUTHORIZED OVERTIME HOURS WORKED							
DATE	TIME AND ½	DOUBLE TIME	DATE	TIME AND ½	DOUBLE TIME	DATE	TIME AND ½
None							
9. DATES WHICH PREMIUM PAY SHIFTS WERE WORKED None							
10. TEMPORARY DUTY AWAY FROM STATION (Enter hour and date of departure and return)							
DEPARTED	RETURNED	DEPARTED	RETURNED	DEPARTED	RETURNED	DEPARTED	RETURNED
6AM 23 Jul 60							
11. AUTHORIZED TRAVEL PERFORMED BY COMMERCIAL CARRIER (Including Taxicab, etc.)							
INCLUSIVE DATES	FROM		TO		MODE	COST	
N/A THRU							
THRU							
THRU							
12. AUTHORIZED PRIVATELY - OWNED CONVEYANCE TRAVEL (Except on-base mileage)							
INCLUSIVE DATES	FROM		TO		TOLLS	MILES	
7/23 THRU 7/31	Del Rio, Texas		Buffalo, New York			2160	
THRU							
THRU							
THRU							
13. AUTHORIZED ON BASE MILEAGE BY PRIVATELY - OWNED CONVEYANCE: N/A MILES							
14. GOVERNMENT TRANSPORTATION REQUESTS USED							
DATE ISSUED	ISSUING AGENCY		FROM		TO		
N/A					Oct 28 4 02 PM '60		
15. GOVERNMENT QUARTERS WERE USED ON THE FOLLOWING DATES: N/A							

16. IF THIS IS THE INITIAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE PLACE OF LAST ASSIGNMENT AND DATE OF DEPARTURE:														
N/A	DEPARTED (Place)	ON (Date)												
17. IF THIS IS THE FINAL CERTIFICATE SUBMITTED FROM THIS AF UNIT, STATE DATE OF DEPARTURE:														
N/A														
18. DEPARTED THE UNITED STATES FOR OVERSEAS DUTY FROM														
N/A	(Port)	ON (Date)												
19. ARRIVED THE UNITED STATES FROM OVERSEAS DUTY AT														
N/A	(Port)	ON (Date)												
20. NAME OF COUNTRY WHERE OVERSEAS DUTY WAS PERFORMED DURING THIS PERIOD (Unless prohibited for security reasons)														
N/A														
21. ADDITIONAL INFORMATION AND REMARKS:														
<p>This trip was made to discuss details of Aircraft Accident involving oxygen system.  The aircraft oxygen system in question was transported to Buffalo in [REDACTED] automobile.  The O<sub>2</sub> system was brought to vendor's facility for examination</p> <p style="text-align: right;">FOIAb3a</p>														
22. CERTIFICATION: I certify that the information in Items 1 thru 21 above is true and correct to the best of my knowledge and belief.														
[REDACTED]		FOIAb3a (Signature of CTSP)												
23. CERTIFICATION: [REDACTED] and belief, the services reported above were performed in a satisfactory [REDACTED] were authorized in advance by competent authority, and that appropriate written orders have been issued or requested, with the following exceptions:														
<p style="text-align: right;">FOIAb3a</p> <p>(If services were not satisfactory, complete written report has been prepared and forwarded)</p> <table border="1"> <tr> <td>NAME</td> <td>GRADE</td> <td>SIGN</td> </tr> <tr> <td>[REDACTED]</td> <td>STATINTL LT COL</td> <td>[REDACTED]</td> </tr> <tr> <td>AFSN</td> <td>ORGANIZATION</td> <td></td> </tr> <tr> <td>35808A</td> <td>Hq 4080 Strat Wing, Laughlin AFB, Tex</td> <td></td> </tr> </table>			NAME	GRADE	SIGN	[REDACTED]	STATINTL LT COL	[REDACTED]	AFSN	ORGANIZATION		35808A	Hq 4080 Strat Wing, Laughlin AFB, Tex	
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[REDACTED]	STATINTL LT COL	[REDACTED]												
AFSN	ORGANIZATION													
35808A	Hq 4080 Strat Wing, Laughlin AFB, Tex													
INSTRUCTIONS FOR PREPARATION:														
a. Items not applicable will be indicated by N/A.														
b. The period covered by a certificate will not include more than one calendar month.														
c. ITEM 6. The number of contract holidays in the period will be entered regardless of whether they were work days. If they were work days, this will be shown in Item 8 as overtime even if contract does not provide for overtime premium pay. Reimbursement will be made for holiday work in accordance with applicable contract.														
d. ITEM 7. The number of billable days is the total number of days in the period, less vacation days, sick days, and contract holidays. (Authorized travel days will be included in this item)														
e. Entries in Items 8, 10, 11, 12, and 14, may be double-spaced or single-spaced as required. If additional space is needed, Item 21 may be used.														
f. Month and year may be omitted when entering dates, except for date of certificate and Item 3. All other dates must be within the period covered by the certificate.														
g. ITEM 23. If services were not satisfactory, or if there is disagreement as to the services performed, the AF Supervisory Officer must explain in Item 23.														